

# Former San Jose Medical Center Site Reuse

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3 October 2007  
Stakeholder Advisory Committee  
Meeting

## Dr. Zaretsky Health Care Issues Highest Priority

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“ Facilitate the development of Primary and Urgent Care Clinic(s) on or off site, and allow the remainder of the site to divert to non-health care development, with the intention of maximizing the value of the site to enable a sufficient subsidy to support the clinic’s development. “

## Draft Health Care Recommendations

- **Primary Care Facility** The development of the site should facilitate the development of the primary care clinic(s), on or off site.
- **Primary Care Facility Payer Mix** The primary care clinic would accept all patients in need of service without regard to payer source.
- **Primary Care Facility Services** – In addition to the normal range of primary care services, the clinic should include a clinical laboratory and x-ray capabilities.
- **Urgent Care Facility** The development of the site should facilitate the development of urgent care clinic(s), on or off site.
- **Urgent Care Facility Payer Mix** The urgent care clinic would accept all patients in need of service without regard to payer source.
- **Urgent Care Facility Referrals** – The referrals for specialty care and inpatient care should not distinguish between sources of payment.
- **Primary/Urgent Care Sponsorship** - the urgent care center and the primary care clinic should be under the same sponsorship/operated jointly, to enable efficient use of ancillary services, such as lab and x-ray

## Draft Health Care Recommendations

- **Joint City County Taskforce** - A formal committee or group comprised of City, County, and stakeholders (including all the major health care providers; Regional, O'Connor, Kaiser, Valley Medical, etc.) should be formed to work collaboratively on health care issues facing the downtown and the City. The work of this group would be coordinated with and informed by the general plan update (see below)
- **General Plan Update.** The General Plan update should be expanded to include recommendations for health care/health care facilities/site to 2040. The question of best site(s) for future hospital/medical uses should be addressed as part of the General Plan update and should look at both the downtown, with a growing and aging population, as well as other growth areas in the city including North San Jose and Coyote Valley.

## Opportunities for expanding access to Primary/Urgent Health Care

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- A. Develop Community Clinic on portion of former SJMC site.
- B. Develop Community Clinic in collaboration with San Jose State University expansion of student health facilities.
- C. Develop Community Clinic in existing Medical Office Building on E. Santa Clara Street.

## Gardner Family Health Network, Inc.

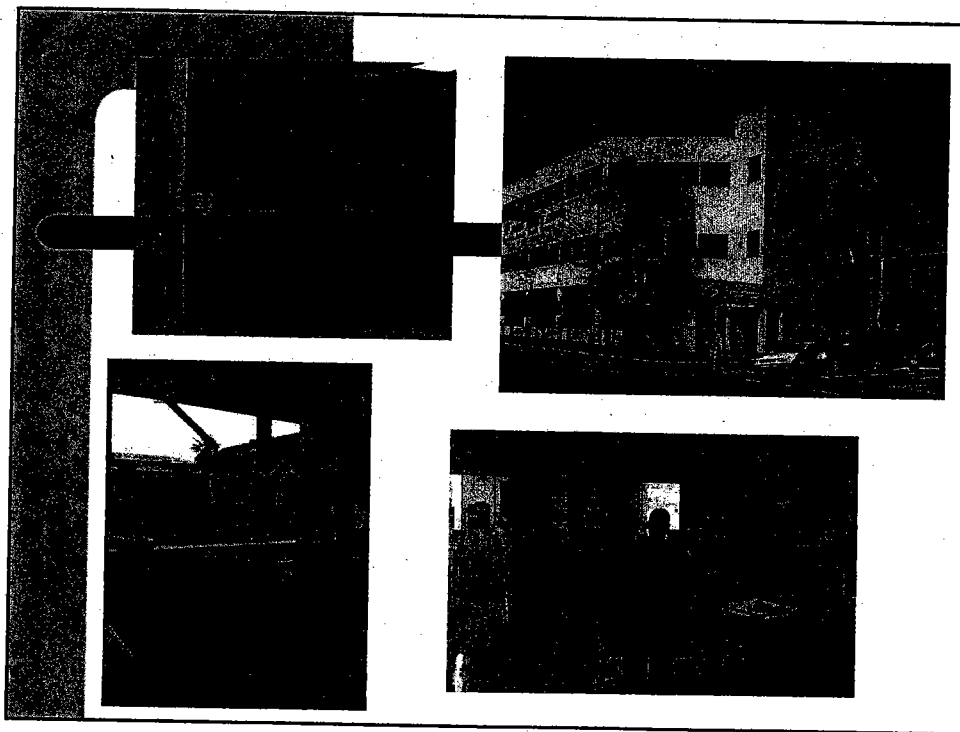
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Reymundo Espinoza, Executive Director

**Gardner Family Health Network, Inc.**  
**Patient Demographics**  
**2006**



GARDNER



## **Gardner Family Health Network Mission Statement**

- Gardner is dedicated to improving the health and well-being of the communities we serve, especially the disenfranchised, poor and most vulnerable members. Our mission is to provide high quality comprehensive health care, including prevention and education, early intervention, treatment and advocacy services, which are affordable, respectful, linguistically, culturally and age appropriate.

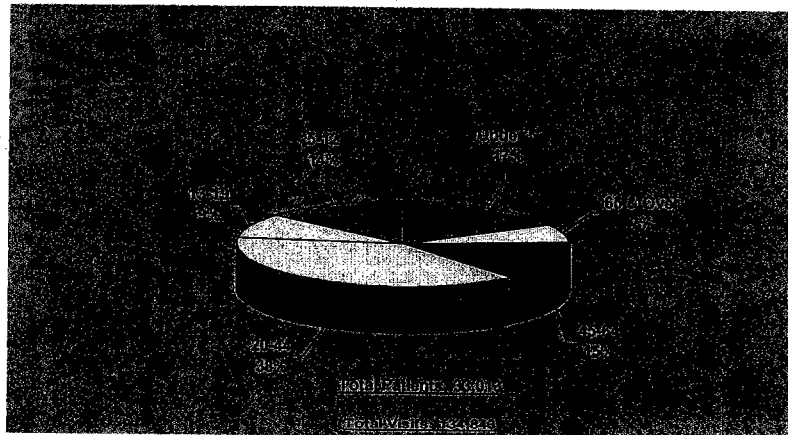
## **St. James Health Center (Services Provided)**

- Family practice, OB/GYN, pediatrics, dental, optometry, nutrition, podiatry, Comprehensive Perinatal Services Program (CPSP) and pharmacy.
- We accept Medicare, Medi-Cal, Healthy Kids, Healthy Families, and Private Insurance. Sliding Fee Scale is available for uninsured patients. Medi-Cal Eligibility worker on site.

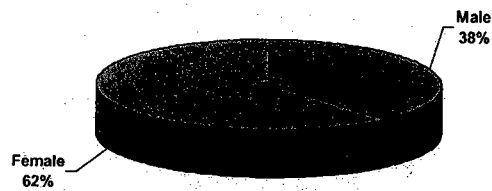
## Patient Demographics

- Patients by Age
- Patients by Gender
- Patients by Race/Ethnicity
- Patients by Income Level

### Patients by Age (Gardner Family Health Network)

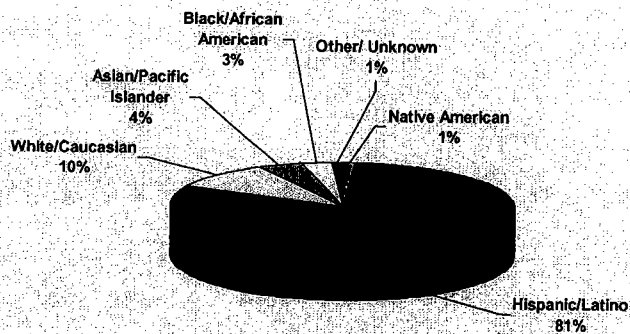


## Patients by Gender (Gardner Family Health Network)



Total Patients: 33,013

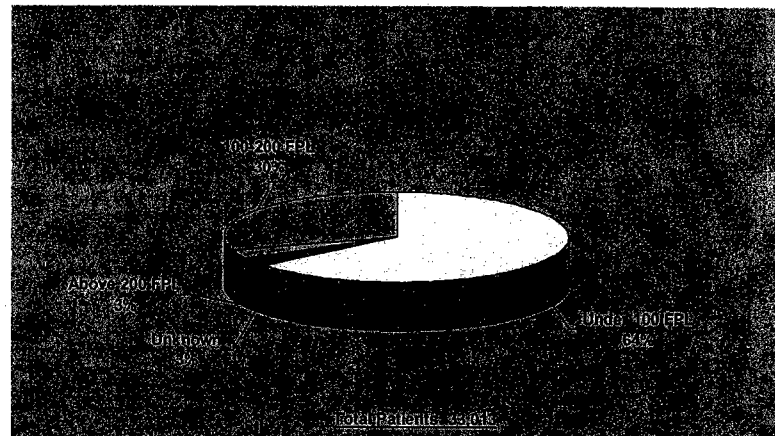
## Patients by Race/Ethnicity (Gardner Family Health Network)



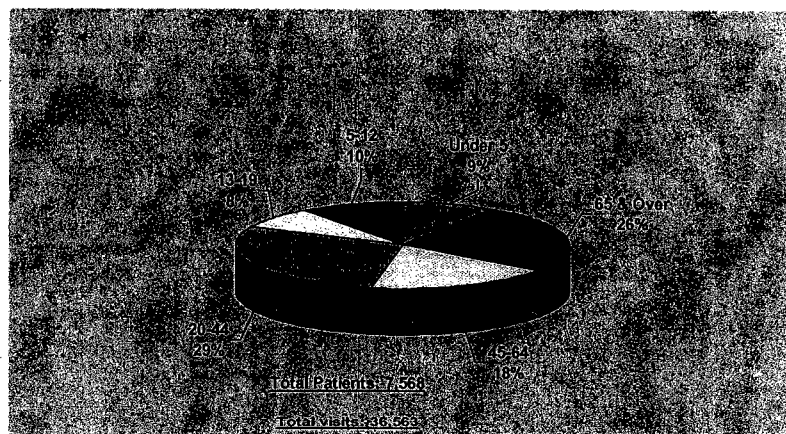
Total Patients: 33,013

**Income as a % of Federal Poverty Level**  
 (A family of 4 below 200% of the Federal Poverty Level makes \$40,000 or less per year.)

**Gardner Family Health Network - 2006**

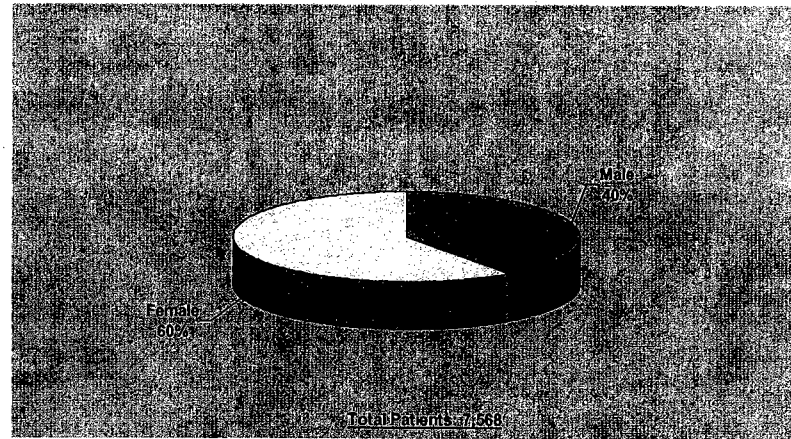


**Patients by Age**  
 (St. James Health Center)

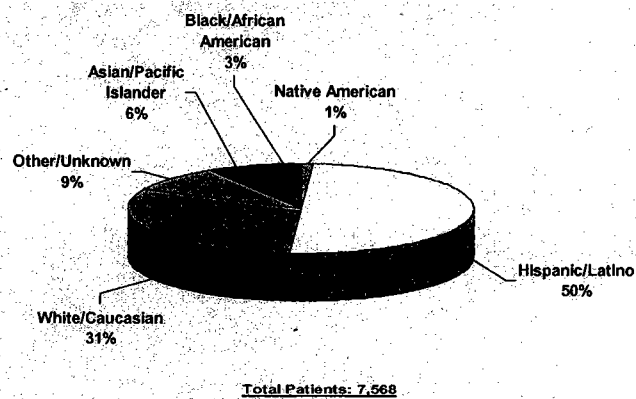




## Patients by Gender (St. James Health Center)

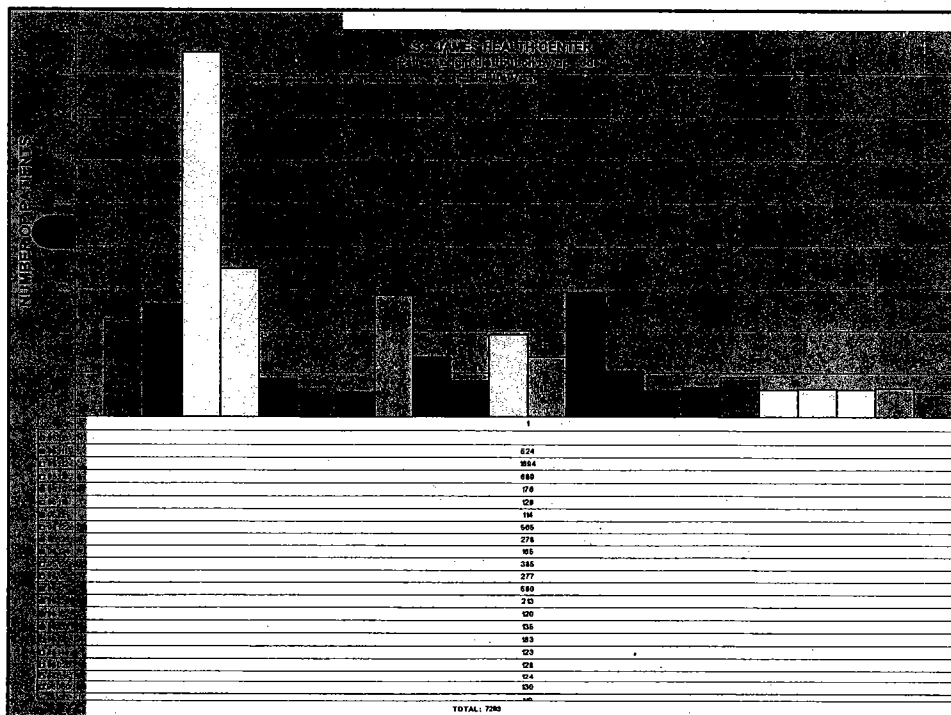
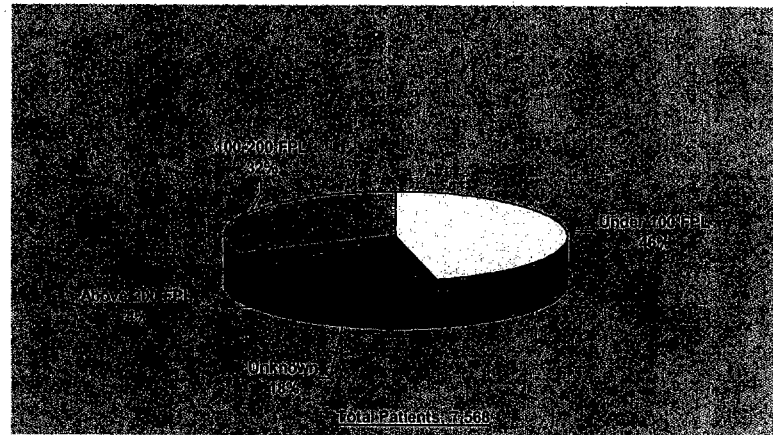


## Patients by Race/Ethnicity (St. James Health Center)



**Income as a % of Federal Poverty Level**  
 (A family of 4 below 200% of the Federal Poverty Level makes \$40,000 or less per year.)

**St. James Health Center - 2006**





San Jose State University

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Veril L. Philips, Vice President,  
Division of Student Affairs

## SJSU Health Center Current Services

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- Primary outpatient care for 30,000 students
- Reproductive health
- Public health prevention (e.g., immunizations, incl. allergy)
- Selected specialties (e.g., sports medicine, psychiatry, podiatry, dermatology)
- Elective physical examinations (e.g., pre-employment, overseas travel, certifications)
- Health education (e.g., nutrition, sexual health, alcohol and substance abuse, eating disorders)
- Clinical laboratory services (e.g., complete blood count, urinalysis, screening cultures, pregnancy tests)
- Basic diagnostic X-ray services
- Pharmacy

## SJSU Potential Augmented Health Services\*

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- Extended hours/urgent care
- 24/7 Advice nurse
- Dental services
- Optometry services
- Acupuncture services
- Massage therapy & stress reduction
- Expansion of specialty services
- Men's health
- Allergy testing

\*Any or all might involve a small fee-for-service

## Opportunities for expanding access to Primary/Urgent Health Care

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- A. Develop Community Clinic on portion of former SJMC site.
- B. Develop Community Clinic in collaboration with San Jose State University expansion of student health facilities.
- C. Develop Community Clinic in existing Medical Office Building on E. Santa Clara Street.

### A. Develop Community Clinic on portion of former SJMC site.

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- HCA donates land on site and capital funding for a community clinic and develops the rest of the site as mixed use residential and retail.
- Gardner Family Health Network, Inc. potentially sells one of their current facilities to partially fund construction of an expanded community clinic.
- Design and construct new community clinic with attendant parking on site.
- Gardner shifts existing employees/equipment to site and also expands services.

### A. Develop Community Clinic on portion of former SJMC site.

#### Strengths

- New, expanded, primary care services to downtown
- Good location
  - Access to transit
  - Central location
- Gardner is strong provider
- Would allow Gardner to retain ownership

#### Weaknesses

- High cost of new construction and attendant parking
- Unclear how, or if, urgent care can be provided

### B. Develop Community Clinic in collaboration with SJSU

- SJSU has authority to fund (with student health fees) and construct a new student health facility.
- HCA donates capital funding for community clinic and develops the rest of the site as mixed use residential and retail.
- Gardner would partner with SJSU in new facility providing expanded services to community
- Gardner might sell an existing facility downtown to fund capital costs or operating endowment

## B. Develop Community Clinic in collaboration with SJSU

### Strengths

- New, expanded, primary care services to downtown
- Good location
  - Access to transit
  - Central location
- Gardner is strong provider
- SJSU is strong partner
- Partnership of mutual benefit to both institutions
- Could be urgent care location

### Weaknesses

- Partnership increases complexity of project
- High cost of new construction and attendant parking
- May be difficult for Gardner to retain ownership of facility
- Unclear how, or if, urgent care can be provided
- Site undetermined

## C. Develop Community Clinic in existing Medical Office Building

- HCA donates capital funding for community clinic and develops the rest of the site as mixed use residential and retail.
- Gardner potentially sells one of their current facilities to partially finance clinic expansion.
- Work with property owner to lease or purchase existing Medical Office Building (i.e. 25 N 14<sup>th</sup> Street).
- Gardner potentially brings in other health care provider(s) as tenants of building.
- Design and construct tenant improvements/rehabilitation.
- Gardner shifts existing employees/equipment to site and also expands services.

## C. Develop Community Clinic in existing Medical Office Building

### Strengths

- New, expanded, primary care services to downtown
- Good location
  - Access to transit
  - Central location
- Gardner is strong provider
- Secures tenants in underused space on ESC Business District
- Rehab costs could be significantly lower than new construction
- Would allow Gardner to retain ownership or equivalent

### Weaknesses

- Unclear how, or if, urgent care can be provided
- If major seismic/systems work required rehab/replacement then costs potentially increase significantly

## Extended Hours Urgent Care

- Gardner does not currently provide urgent care, would only expand under certain conditions,
- Urgent care usually operates as a "loss-leader", and may require a subsidy,
- Provision of building space alone may be insufficient incentive for urgent care provider,



## Next Steps

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- Analyze Gardner's expansion program
- Conduct due diligence on SJSU/Gardner Partnership,
- Conduct due diligence on Medical Office Building,
- Explore partnerships with possible urgent care providers,
- Explore additional opportunities for capital funding for clinic(s), and
- Explore opportunities for operating funding support for primary and urgent care.

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